i nis torm is ap	proved by the illinois Supreme Court and is required to be accepted i	n all lilinois Appellate Courts.
Instructions ▼ Enter the appellate	Appellate Case No.:	
court case number.		
Just below "In the Appellate Court of Illinois," enter the number of the appellate district where the appeal was filed.	IN THE APPELLATE COURT OF ILLINOIS District	
Enter the names of the parties as they appear on the trial court order being appealed.		Appeal from the Circuit Court of County
The person who filed the appeal is the "appellant" and the person responding to the appeal is the "appellee." Check the correct box for each person. To the far right, enter	Plaintiff/Petitioner (First, middle, last names) Appellant Appellee V.	Trial Court Case No.: Honorable Judge, Presiding
the trial court county, trial court case number, and trial judge's name.	Defendant/Respondent (First, middle, last names) Appellant Appellee	
	APPLICATION FOR WAIVER OF COURT FEES	
In 1a, enter your full name. If you are completing this form on behalf of a minor or an incompetent adult, provide that person's information.	Pursuant to Illinois Supreme Court Rule 298 and 735 ILCS 1. I am providing the following information about myself: a. Name: First Middle b. Year of Birth:	
In 1b , only enter the		

DO NOT enter your entire date of birth.

In 1c, enter your complete current address.

In 2, if you are currently incarcerated, attach a copy of your inmate trust fund ledger for the last 6 months.

a.	Name:		, 		
	First		Middle	Last	
b.	Year of Birth:				
c.	Street Address:				
	City, State, ZIP:				
d.	I believe I cannot a	afford to pay th	e court fees ir	this case.	
e.	Email address:			Telephone number:	
		_		_	

2. I am currently incarcerated.

Yes

No If yes, inmate I.D. # If you are currently serving a jail or prison sentence, you must submit a copy of the last six (6) months of your inmate trust fund ledger or your application will be rejected.

		Enter the Case N	lumber given by the	e Appellate Court Clerk:		
In 3a , enter the number of people age 18 and	3. l ar	n providing the follow	wing informati	on about people who live	e with me:	
older living in your	a.	I support	adults	(not counting myself) who li	ive with me	; .
house who you support. Support means people who rely on you financially.	b.	I support	childr	en under 18 who live with	me.	
In 3b , enter the number of people under age 18 living in your house who you support.	4. I have received 1 or more of the benefits listed below in the past 4 weeks:					
In 4, check "Yes" if		Aid to the Aged, E	,	, , , , , , , , , , , , , , , , , , ,		
you have received at least 1 of the benefits		 Temporary Assistance to Needy Families (TANF) State Children & Family Assistance 				
listed in the past 4 weeks.						
Weeks.		Food Stamps (SNGeneral Assistance	*			
		Transitional Assis	, ,			
If you check "Yes" in 4, skip 5 and sign below.	**If you	ı answered "Yes" in s	section 4, skip	section 5 and sign below	w.**	
	5. I cl	necked "No" in section	on 4, so I am p	roviding the following fir	nancial inf	ormation:
In 5a , check "Yes" if	a.	I have applied for 1 o	r more of the be	enefits listed in section 4:		
you have applied for at least 1 of the benefits listed in section 3.		☐ Yes ☐ No				
	b.	I receive the following	g money each n	nonth. This includes mone	y received	by people I
In 5b , check the box for each type of money		support who live with	me. (check all the	nat apply)		
you have received in		☐ My employment:	\$	Cther people's emp	oloyment:	\$
the past month. Also enter the gross (before		Child support:	\$	Social Security (not	t SSI):	\$
taxes) amount for each type.		Pension:	\$	Unemployment:		\$
Include the money		Other (list type and	amount):			\$
received by the people you support who live		☐ No income				
with you. Support means that the people		Total of all money red	ceived: \$			
rely on you financially.						
In 5c , check all of your expenses for the past	C.			ted below. This includes th	ne monthly	expenses of the
month and list the monthly amounts.		people I support who	live with me. (a	heck all that apply)		
Include the expenses of the people you support		Rent:	\$	per month		
who live with you.		Home Mortgage:	\$	per month		
		Other Mortgage:	\$	per month		
		Utilities:	\$	per month		
		Food:	\$	per month		
		Medical:	\$	per month		
		Car Loan:	\$	per month		
		Other (list type and			\$	per month
		☐ I have no expense	es			

Total of all expenses: \$

Enter the Case Number give	en by the Appellate Court Clerk:		
who live with me. (check all that all bank accounts and cash tot Home real estate, worth: The total I owe on my Other real estate, not includ The total I owe on my	apply) taling: y home mortgage is: ding the house I live in, worth: y other mortgage is: The 1 st vehicle is	\$ \$ \$ \$ \$ paid off: Yes	N•
		-	
Your Current Name	City, State, ZIP Telephone		
	d. I have the belongings listed belowho live with me. (check all that Bank accounts and cash to Home real estate, worth: The total I owe on my Other real estate, not include The total I owe on my 1st vehicle worth: 2nd vehicle worth: Qother (list items and value): None of the above I certify that everything above is true I understand that making a false state. Your Signature	who live with me. (check all that apply) Bank accounts and cash totaling: Home real estate, worth: The total I owe on my home mortgage is: Other real estate, not including the house I live in, worth: The total I owe on my other mortgage is: The total I owe on my other mortgage is: The 1st vehicle worth: 2nd vehicle worth: None of the above I certify that everything above is true and correct to the best of my I understand that making a false statement in this form could be p Your Signature Street Address Your Current Name City, State, ZIP	d. I have the belongings listed below. This includes the belongings of the people I support who live with me. (check all that apply) Bank accounts and cash totaling: Home real estate, worth: The total I owe on my home mortgage is: Other real estate, not including the house I live in, worth: The total I owe on my other mortgage is: The total I owe on my other mortgage is: The 1st vehicle is paid off: Yes Other (list items and value): None of the above I certify that everything above is true and correct to the best of my knowledge. I understand that making a false statement in this form could be perjury. Your Signature Street Address Your Current Name City, State, ZIP